

Principals & Property Info and Transaction Checklist

SELLER(S) _____

Address _____

Home # _____

Office # _____

Cell # _____

Email _____

Sales Price \$ _____

BUYER(S) _____

Address _____

Home # _____

Office # _____

Cell # _____

Email _____

Loan Amount \$ _____

CO-BROKER/AGENT _____

Office # _____ Cell # _____

Email _____

HOA _____ Phone # _____

Resale Certificate Ordered By _____ Delivery Due: _____

Dues \$ _____ Annually _____ Quarterly _____ Monthly _____ Semi Annually _____

MORTGAGE & CREDIT

Mortgage Company _____

Address _____

Phone _____

Loan Officer _____

Processor _____

Phone _____

Cell _____

Email _____

Credit Approval Deadline Date _____

APPRAISAL

Appraisal Ordered Yes No Date _____

Ordered By _____

Appraiser _____

Phone _____

ESCROW, TITLE & CLOSING

Contract Received Date _____

Option Period Expire _____

Closing Date _____ Time _____

Closing Disclosure Due _____

Title Co. Address _____

Title Co. Phone _____

Closer Name _____

Direct Dial _____

Cell _____

Survey & Title Commitment

Existing Survey & T-47 Affid. Yes No

If yes, delivered to Buyer & Title Co. _____

If new survey, due date _____

Title Commitment Due Date _____

Commitment Delivered to Client Yes No

Remind Client to bring Cashier's Check & Photo ID to closing

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SURVEY

Survey Reviewed _____
 Property in Flood Plain? Y N

INSURANCE

Hazard Insurance Ordered Y N
 Date Existing Insurance Cancelled _____
 Insurance Agent _____
 Address _____
 Phone # _____
 Insurance Company _____
 Policy # _____

TAX INFORMATION

City _____
 County _____
 School _____
 Community College _____
 Other _____

Tax Exemption

Agriculture Y N
 Over 65 Exemption Y N
 With Homestead Y N
 Without Homestead Y N

OTHER

Lease Back Y N
 Possession Date _____
Remind Sellers to Leave Specified
 Items Per Contract Y N
 Buyer's Walk Through Scheduled Y N
 Alarm Codes Released Y N
 Sign Down Y N
 Keys & Garage Opener Returned Y N
 Keybox Removed Y N
 Sold Info Added to MLS Y N

LENDER REQUIRED REPAIRS

_____ *Done*

BUYER REQUIRED REPAIRS

Allowance \$ _____

REPAIR COMPANIES

HOME WARRANTY COMPANY

Ordered By _____
 Called in Date _____
 Allowance _____
 Mechanical + Options _____
 Name of Company _____

INSPECTIONS MECHANICAL/STRUCTURAL

TYPE: _____
 Date _____ Time _____
 Company _____
 Phone # _____
 Email _____
 \$ _____
 POC _____ Collect _____

TYPE: _____
 Date _____ Time _____
 Company _____
 Phone # _____
 Email _____
 \$ _____
 POC _____ Collect _____

TYPE: _____
 Date _____ Time _____
 Company _____
 Phone # _____
 Email _____
 \$ _____
 POC _____ Collect _____

UTILITIES	COMPANY NAME	PHONE	DATE
Electric _____	_____	_____	_____
Gas _____	_____	_____	_____
Telephone/Internet _____	_____	_____	_____
Satellite/Cable _____	_____	_____	_____
Water/Trash _____	_____	_____	_____
Do I Need to Arrange Turning Utilities <input type="checkbox"/> Off <input type="checkbox"/> On <input type="checkbox"/> N/A Status _____			

Contract Terminated Date _____
 Earnest Money Returned Date _____